

SEPARATION QUESTIONNAIRE / CHECKLIST

Please Note: This form needs to be filled out, printed, then FAXed or mailed to your servicing PSD

Name: Rate: SSN:

Command:

Reason for separation: [Voluntary ☐] [Involuntary ☐]

Separation Leave Dates: Ret LV Dates:

Last Leave Dates Taken:

Separation Date: Physical Date:

Place Electing Mileage To:

Mode Of Travel:

Mailing Address
After separation:

Nearest Relative
Name and Address

Date DDS Stops: Date Allotments Stop:

Contributed to VEAP? Yes ☐ No ☐

Do you request:Advance Travel: Yes ☐ No ☐ [If yes - Go here next](#)Advance Dependent Travel: Yes ☐ No ☐ [If yes - Go here next](#)**Do you have two POV's:** Yes ☐ No ☐ [If yes - Download this](#)Members Signature: Date: Separations Clerk: Supervisor Initials:

Things to do		
<input type="checkbox"/> DDS Stop	<input type="checkbox"/> LV1 (Leave Document)	<input type="checkbox"/> PG 5 Entry
<input type="checkbox"/> Allotments Stop	<input type="checkbox"/> Verify Page 2	<input type="checkbox"/> TA Card Application
<input type="checkbox"/> DD 214	<input type="checkbox"/> SBAQ / VHA	<input type="checkbox"/> PG 13 Entries
<input type="checkbox"/> Add member to seps list	<input type="checkbox"/> G20	<input type="checkbox"/> Rec Transmittals
<input type="checkbox"/> PD2	<input type="checkbox"/> M91	<input type="checkbox"/> GCA Cert/Pg 4 Entry
<input type="checkbox"/> Officer Ord End	<input type="checkbox"/> M93	<input type="checkbox"/> Mbr S/R Copies
<input type="checkbox"/> Det Endorsement	<input type="checkbox"/> Seps Orders	<input type="checkbox"/> Breakdown Record
		<input type="checkbox"/> Mail Pkg to Member
Records / Documents to Collect From Member		
<input type="checkbox"/> PRT Folder	<input type="checkbox"/> Security Termination	<input type="checkbox"/> Envelopes
<input type="checkbox"/> Medical Record	<input type="checkbox"/> TAP Class Pag 13	<input type="checkbox"/> Checkout Sheet
<input type="checkbox"/> Dental Record	<input type="checkbox"/> Member's ID Card	<input type="checkbox"/> Pre-sep Counseling
<input type="checkbox"/> OPNAV 5520/20	<input type="checkbox"/> Dependent's ID Card	<input type="checkbox"/> Meal / Comrats Card
<input type="checkbox"/> Sep Eval	<input type="checkbox"/> Barracks Check-out Sheet	
Retain File Requirement		
<input type="checkbox"/> DD 214	<input type="checkbox"/> Discharge Message	<input type="checkbox"/> Rec Trans
<input type="checkbox"/> First End	<input type="checkbox"/> Copy of SF 88 / 90	<input type="checkbox"/> Security Term

<input type="checkbox"/> Separation Orders	<input type="checkbox"/> Copy of HIV	<input type="checkbox"/> Checkout Sheet
<input type="checkbox"/> Discharge Auth	<input type="checkbox"/> Page 2	<input type="checkbox"/> Separation Eval
<input type="checkbox"/> Det End	<input type="checkbox"/> Page 13's	

Date Advance Travel Submitted

Date Records Forwarded

[Reset](#)

